



PATENT

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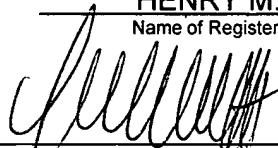
THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: MAUSE

In re Application of:	)
ELMAR MAUSE et al.	) Examiner: Patel, Vishal A
Serial No.: 10/677,637	) Group Art Unit: 3676
Filed: October 2, 2003	)
For: LIP-TYPE SHAFT SEAL	)

NOTICE OF APPEAL TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450", on <u>September 13, 2005</u> .	
(Date)	
HENRY M. FEIEREISEN	
Name of Registered Representative	
	9-13-2005
Signature	Date of Signature

SIR:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated May 13, 2005 of the Examiner finally rejecting claims 1, 5, 12, 14, 27-29 and 32-36.

09/16/2005 DEMMANU1 00000009 10677637

01 FC:1401 500.00 OP
02 FC:1251 120.00 OP

The items checked below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of

☒ other than small entity

☐ small entity

Verified Statement

☐ attached

☐ already filed on _____

2. FEE FOR FILING NOTICE OF APPEAL

Persuant to 37 C.F.R. 1.17(e) the fee for filing the Notice of Appeal is

☐ small entity \$250.00

☒ other than a small entity \$500.00

Notice of Appeal Fee due \$500.00

3. EXTENSION OF TERM

a. ☒ The Commissioner is hereby petitioned to extend the period for response to above-referenced Official Action by ONE month until September 13, 2005. Accompanying this amendment is the appropriate fee of \$120.00 pursuant to 37 C.F.R. §1.17(c) and 37 C.F.R. §1.136(a).

b. ☐ Request for Extension of Time was filed on _____ together with a Request for Reconsideration, and the appropriate fee of _____ was paid.

4. TOTAL FEE DUE

The total fee due is

Notice of Appeal fee \$500.00

Extension fee (if any) \$120.00

TOTAL FEE DUE \$620.00

5. FEE PAYMENT

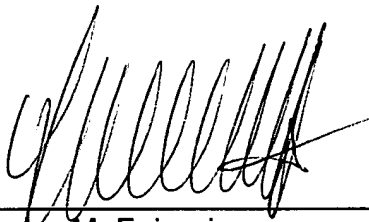
☒ Attached is a check in the sum of \$620.00.

☐ Please charge the fee to Deposit Account No.06-0502.

6. FEE DEFICIENCY

- (X) The Commissioner is hereby authorized to charge payment of any additional fees which may be required with this communication, or credit any overpayment to Deposit Account No. 06-0502. A duplicate copy of this sheet is provided.

Respectfully submitted,

By: 

Henry M. Feiereisen
Reg. No.: 31,084
Agent for Applicant

Date: September 13, 2005
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